

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/652252 FILING DATE _____
APPLICANT(S) _____

6/12/06 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		/				
2			/			
3			/			
4			/			
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7		/				
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TOTAL IND.		3				
TOTAL DEP.		12				
TOTAL CLAIMS		15				

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